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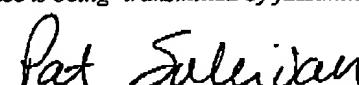
FACSIMILE COVER SHEETDeliver to: Meonske, Tonia L., USPTOArt Group: 2181Facsimile No.: (571) 273-8300Date: August 29, 2006From: Ashley R. Ott, Reg. No. 55,515Our Docket No.: 42390P7512Number of pages 16 including this sheet.Application No.: 09/676,175Filing Date: 9/29/2000Docket Due Date(s): 8/30/2006 9/30/2006

Enclosed are the following documents:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Amendment: <u>After Final</u> (<u>11</u> pgs) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief (<u> </u> pgs) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application: _____
<u>(</u> pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: _____ |
| <input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs) | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input checked="" type="checkbox"/> Certificate of Facsimile _____ | <input type="checkbox"/> Reply Brief (<u> </u> pgs) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) |
| <input type="checkbox"/> Declaration & POA (<u> </u> pgs) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
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| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs) | <input type="checkbox"/> Transmittal of Publication Fee Due |
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Pat Sullivan

8/29/2006

Date

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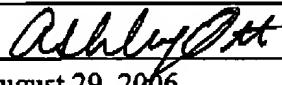
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/676,175
		Filing Date	September 29, 2000
		First Named Inventor	Orna Etzion
		Art Unit	2181
		Examiner Name	Meonske, Tonia L.
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P7512

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Change of Correspondence Address; Facsimile Transmittal Sheet	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 29, 2006

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	Date	August 29, 2006	

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patient fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete If Known</i>	
Application Number	09/676,175
Filing Date	September 29, 2000
First Named Inventor	Orna Etzion
Examiner Name	Meonske, Tonia L.
Art Unit	2181
Attorney Docket No.	42390P7512

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims		Less Claims	Amount below	Fee Paid
Independent Claims	15	- 20*	= 0	X 50.00 = \$0.00
Multiple Dependent Claims	3	- 5*	= 0	X 200.00 = \$0.00

Large Entity		Small Entity		
Fee	Fee Code	Fee	Fee Code	Fees Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	365	"Reissue Independent claims over original patent
1205	300	2205	150	"Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(S)	0.00

^{**}or number previously paid off greater. For Preissuers, see below.

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	150	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sh.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	480	2252	225	Extension for reply within second month
1263	1,020	2253	510	Extension for reply within third month
1264	1,680	2254	795	Extension for reply within fourth month
1265	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	280	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451		2421		Petition to institute a public use proceeding
1480	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	295	Filing a submission after final rejection (37 CFR
1810	790	2810	395	For each additional invention to be examined (37

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature				Date	08/29/06

Based on PTO/SB/17 (12-04) as modified by Blanket, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	09/676,175
Filing Date	September 29, 2000
First Named Inventor	Orma Etzion
Examiner Name	Meonske, Tonia L.
Art Unit	2181
Attorney Docket No.	42390P7512

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

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 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	15	20*	=	0	x	50.00	=	50.00	Fee Paid
Independent Claims	3	5*	=	0	x	200.00	=	0.00	
Multiple Dependent									
Large Entity									
Small Entity									
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description						
1202 50	2202 25	Claims in excess of 20							
1201 200	2201 100	Independent claims in excess of 3							
1203 500	2203 180	Multiple Dependent claim, if not paid							
1204 750	2204 386	*Rescue independent claims over original patent							
1205 300	2205 150	*Rescue claims in excess of 20 and over original patent							
		SUBTOTAL (1)		(\$)	0.00				

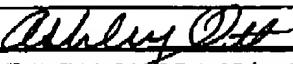
*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 150	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
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1251 120	2251 60	Extension for reply within first month	
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1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451	2481	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1607 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1506 180	Submission of Information Disclosure Stmt	
1809 790	1509 295	Filing a submission after final rejection (37 CFR § 1.129(b))	
1810 790	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fees (specify)		SUBTOTAL (2)	(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature				Date	08/29/06

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